

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacists  
Managed Care Plans  
Regional Administrators  
CSO Administrators

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**Memorandum No. 02-01 MAA**  
**Issued:** January 10, 2002

**For Information Call:**  
1-800-562-6188

**Subject:** Federal Upper Limits (FUL) For Multisource Drugs

**The purpose of this memorandum is to provide you with the revised Federal Upper Limit (FUL) reimbursement rates for the Medical Assistance Administration's (MAA) Prescription Drug Program. The rates are effective for dates of service on and after January 22, 2002.**

The attached FUL list is to be used for pricing information only. For current updates, please visit the Centers for Medicare and Medicaid Services (CMS) Internet site at <http://www.hcfa.gov/medicaid/drugs/drug10.htm>. Drugs on this list are subject to coverage rules (e.g., prior authorization) contained in MAA's Prescription Drug Program Billing Instructions dated December 1998. **Please remember that if any of the drugs on the FUL list also appear on the MAC list, MAA reimburses the lower of EAC, MAC, FUL, or usual and customary charge.** Bill MAA your usual and customary charge using the complete 11-digit NDC from the dispensing container.



**Note:** The unit cost relates to the form in which the drug is distributed (e.g., per tablet or capsule, milliliter, gram, packet, or vial). The reimbursement rate listed for each drug entity applies to brand as well as generic products. Pharmacists who dispense the brand product without prior authorization (based on medical necessity) will receive the lower of EAC, MAC, FUL, or usual and customary charge.

**Attachment:**

Federal Upper Limit list.